

EXHIBIT LL

**Order from Judge Rochester
dated 01/16/04**

IN THE CIRCUIT COURT OF COOSA COUNTY, ALABAMA

STATE OF ALABAMA

VS.

CASE NO.

BRYAN KELLY

FURLough ORDER

The Sheriff of Coosa County is hereby Directed to furlough the above-named Defendant to Russell Medical Center Intensive Care Unit, located in Alexander City, Alabama, on this the 16th day of January, 2004, for medical treatment. Upon Defendant being discharged from said hospital he and his attorney, Thomas Radney, shall appear before the Court for the Court to determine whether Defendant shall continue his incarceration or be released for further medical or drug treatment.

Done and Ordered this 16th day of January, 2004.

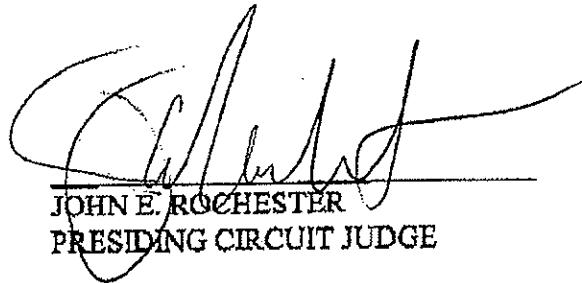

JOHN E. ROCHESTER
PRESIDING CIRCUIT JUDGE

EXHIBIT MM

**The State of Alabama Inspection
Report dated 06/05/03**



STATE OF ALABAMA

DEPARTMENT OF CORRECTIONS

Engineering Administrative Division
2265 Marion Spillway Road
Elmore, Alabama 36025
(334) 567-1556



JAIL INSPECTION REPORT

Sheriff/Chief of Police RICKY OWENSJail COSH COUNTYCity ROCKFORDDate 6-5-2003County COSHTime 9:05 AMPhone No. 4377-2211Inspector S. ONLEY RODGER

This is to report conditions of your jail as of this date of inspection. Please carefully note and make needed corrections. These adjustments are necessary to bring your facility into compliance with the standards set forth in Title 14, Code of Alabama, 1975.

— CHECK MARK indicates most accurate description —

WHAT GOVERNING BODY HAS SUPERVISORY POWER?

City Council _____ County Commission POPULATION: 48 M 7 FSTATE
W/M B/M W/F B/F TOTAL 16COUNTY
W/M B/M W/F B/F TOTAL 36CITY
W/M B/M W/F B/F TOTAL 3FEDERAL
W/M B/M W/F B/F TOTAL JUVENILES
W/M B/M W/F B/F TOTAL GRAND TOTAL 55

JAIL CAPACITY:

MALE 62 FEMALE 0 JUVENILE 0 TOTAL 721. Are Female Prisoners housed separately?...YES NO NONE 2. Are separate quarters available for Juveniles?...YES NO NONE 3. Number of state inmates ON WAIVER

JAIL EMPLOYEES:

1. Number of Jailers 2. Number of Matrons 3. Other Employees 4. Are Jailers POST Certified? ... Yes NO

BUILDING:

GENERAL APPEARANCE:

1. Exterior Poor Fair Good 2. Interior Poor Fair Good 3. Fence Poor Fair Good None 4. Yard Poor Fair Good None 5. Type of Construction:..Brick Cement Wood Other 6. Year Constructed: 20017. Types of Locking Devices:..... Manual Electric 8. Condition of Locking Devices:... Poor Fair Good None

9. Observation

10. Windows: Poor Fair Good None 11. Screens: Poor Fair Good None 12. Grills: Poor Fair Good None 13. Windows: Poor Fair Good None 14. Cells: Poor Fair Good None

SAFETY FEATURES:

1. Emergency Exits: Poor Fair Good None 2. Fire Apparatus: Poor Fair Good None 3. Stairways: Poor Fair Good None 4. Elevators:.... Poor Fair Good None 5. Is there an EMERGENCY (fire) EVACUATION plan POSTED?...YES NO 6. Are Fire and Safety precautions observed?..... YES NO
If NOT, explain in Comments section.

TRAINING:

IN-SERVICE YES NO

Other: _____

ARE OPERATING PROCEDURES WRITTEN? YES NO IS THERE A PRINTED MANUAL? YES NO

JAIL RECORDS:

1. Arrest Record YES NO 2. Are personal property and cash received? YES NO 3. Visits YES NO 4. Medical YES NO 5. Commitment and Discharges YES NO
Are Jail Records Adequate? YES NO Are Prisoners Fingerprinted? YES NO Are Prisoners Photographed? YES NO

SECURITY:

1. Is the jail reasonably secure? YES NO 2. Are periodic inspections made of security facilities? YES NO 3. Are firearms stored safely? YES NO
Where are they stored?
LOCK BOXES4. Are there regulations prohibiting carrying of firearms into the Jail? YES NO

5. KEY CONTROL:

Are keys ever in possession of inmates YES NO Are keys properly stored and accounted for? YES NO 6. How often are prisoners quarters visited? CCTV
VISIBLE FROM OFFICE 3X77. Is jailer on duty 24 hours daily? YES NO 8. Are CHECKS conducted at night? YES NO Are CHECKS logged? YES NO 9. Are complete SHAKEDOWNS accomplished? YES NO 10. Are periodic COUNTS conducted? YES NO

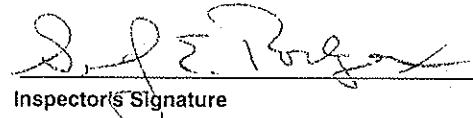
11. Are CONTRABAND CONTROL procedures in effect? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	2. Are adequate TOOLS and CLEANING MATERIALS available? ... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
12. INMATE VISITS:	
When are visits allowed? Daily <input checked="" type="checkbox"/> Semi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other <input type="checkbox"/>	
Who is allowed to visit inmates? Relatives YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Friends YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Clergy YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Are CONTACT VISITS allowed? .. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
13. INMATE MAIL:	
Are INCOMING MAIL and packages INSPECTED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
14. Do new prisoners receive instructions about JAIL RULES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Are these instructions: VERBAL <input checked="" type="checkbox"/> WRITTEN <input type="checkbox"/>	
15. TRUSTIES:	
Are TRUSTIES used? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Who selects the TRUSTIES? Sheriff/Chief <input checked="" type="checkbox"/> Jailer <input type="checkbox"/> Other <input type="checkbox"/>	
16. Are inmates in UNIFORM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Coveralls <input type="checkbox"/> Pants & Shirts <input checked="" type="checkbox"/> Are uniforms MARKED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DISCIPLINARY PROCEDURES:	
1. Does the jail hold DISCIPLINARY HEARINGS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 2. Who exercises disciplinary authority? Sheriff/Chief <input type="checkbox"/> Jailer <input type="checkbox"/> Other <input type="checkbox"/>	
FOOD SERVICES:	
General Condition	
Kitchen Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> Tables Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> Shelves Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> Screens Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/>	
1. Is the cook paid? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 2. Who supervises the Kitchen <input type="checkbox"/> <i>COOK</i> 3. Who plans the Menu? <input type="checkbox"/> <i>COOK</i> 4. Do inmates assist in food preparation? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 5. What type of eating utensils are used? Plastic <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/> Are the utensils washed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> How washed? HAND <input type="checkbox"/> SANITIZER <input checked="" type="checkbox"/>	
6. Are the standards of sanitation adequate? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 7. Is copy of menu available on the date of inspection? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 8. Do paid employees supervise the serving of meals? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 9. Is the diet adequate? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 10. Number of meals served per day: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
11. Food Preparation Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> Quality Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> Quantity Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/>	
12. Storage of Food Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> Refrigeration Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/>	
13. Are Commissary (or store) purchases available to inmates? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
SANITATION AND PERSONAL HYGIENE:	
1. Is there a systematic CLEANING PROGRAM in effect? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. What type of BEDDING is provided? Sheets <input checked="" type="checkbox"/> Blankets <input type="checkbox"/> Mattress Cover <input type="checkbox"/> Pillow <input checked="" type="checkbox"/> Pillow Case <input type="checkbox"/> HOW OFTEN IS BEDDING LAUNDERED? Semi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other <input type="checkbox"/>	
4. Are excessive FOOD or unnecessary ITEMS in CELLS..... YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 5. Is DRINKING WATER available at all times? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 6. Are HOT and COLD WATER available for bathing? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 7. Are HEATING and VENTILATION adequate? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 8. Is LIGHTING adequate? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 9. Condition of PAINT? Interior Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> Exterior Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/>	
10. Are BATHING FACILITIES available to all inmates? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 11. Are SOAP and TOWELS available? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 12. HOW OFTEN are inmates REQUIRED TO BATHE? Daily <input checked="" type="checkbox"/> Semi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other <input type="checkbox"/>	
13. CONDITION OF PLUMBING Are there LEAKING PIPES in the Jail? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMMODES Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> LAVATORIES Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/> SHOWERS Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input checked="" type="checkbox"/>	
14. Does the Jail have a PEST CONTROL program? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> How often treated? <input type="checkbox"/> <i>ON THE 14TH</i> By whom? <input type="checkbox"/> <i>CONTACT</i>	
MEDICAL SERVICE:	
1. Name of PHYSICIAN? <input type="checkbox"/> <i>DR. S. R. V. P.</i>	
2. How often do physicians visit the jail/facility? Daily <input type="checkbox"/> Weekly <input type="checkbox"/> On-Call <input type="checkbox"/> Other (specify) <input type="checkbox"/> <i>12:00 P.M.</i>	
3. What HOSPITAL facilities are used for inmates? <input type="checkbox"/> <i>Hospital</i>	
INMATE PROGRAMS:	
1. Are Counseling Services available? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 2. Recreation Facilities YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Types Provided: <input type="checkbox"/> <i>GOLF, TENNIS, POOL</i>	
3. Educational Opportunity YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Types Offered: <input type="checkbox"/>	
COMPLAINTS:	
1. Are there justifiable complaints? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 2. Is Jail involved in Litigation? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If YES, type: <input type="checkbox"/>	
3. Is the Jail or Facility Racially Integrated? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 4. Is there a Current Grand Jury Report on the Jail? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

INSPECTOR'S COMMENTS:

PROBLEMS WITH RUST CORROSION BY
CONTRACTOR WILL BE A CONTINUING PROBLEM

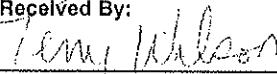
MAKE CLEAR AT TIME OF INSPECTIONS

GONE TO PAY PACKAGE SYSTEM OR
MEDICATION



Inspector's Signature

Copy Received By:



SIGNATURE

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Time of Completion 10:44 AM6-6-03

Date

JM - ADAM

Office

Copy: State Fire Marshal County Health Department

Date

Office

EXHIBIT NN

Hillyer's Notes

COOSA COUNTY SHERIFF'S DEPARTMENT

COOSA COUNTY LAW ENFORCEMENT CENTER

#1 SCHOOL STREET • P. O. Box 279 • ROCKFORD, AL. 35136-0279

(256)377-4922 • (256)377-2211

FAX (256) 377-2690

FAX COVER SHEET

TO: Dr Weaver

ATTN: _____

FROM: CCSO

REMARKS:

Med list from MHT
Hilfiger from Cheaha Mental
Health on Daniel Bryan Kelly

A.

DATE 11/25/03

NUMBER OF PAGES 2

Tues 11/25/03

Mr. Brian Kelly was evaluated by myself on 11/25/03. Complaints of Seizure & w/ episode memory loss, blackouts?
Needs evaluation by MD to go Seizure
dy

Hx of Psych Rx: Clonazepam 2mg Bid
Neuroontic 300mg Tid
Zyprexa 5mg po qhs
Phenabarbital 10 400mg Bid
Zerequt 200mg Tid

Hx of Bi-polar dy, can you assist
this young man w/ Rx continuation.

Thank you for your assistance
I am not aware of any allergies or possible side-effect
Matthew A. Tolson M.D.

Check's MHC

EXHIBIT OO

Declaration of Randall W. Weaver, M.D.

**IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DANIEL BRYAN KELLY,)
)
Plaintiff,)
)
v.) Civil Action No.: 2:05-cv-1150-MHT
)
RICKY OWENS, et al.)
)
Defendants.)

DECLARATION OF RANDALL W. WEAVER, M.D.

I, Randall W. Weaver, M.D., being over the age of eighteen and competent to testify declare that the following statements are true and correct to the best of my knowledge and belief, and are based on my personal knowledge:

1. I am a physician with a family practice in Rockford, Alabama.
2. I am the only doctor in Rockford, Alabama.
3. I have maintained a practice in Rockford since August 1995. I have maintained my practice in the same office location since 2000.
4. I am board certified by the American Board of Family Practice.
5. From on or about July 2001 through June 2004, I was employed by Health Services, Inc., to provide medical services in Rockford and the surrounding area.
6. On November 26, 2003, the day before Thanksgiving, I examined a patient named Daniel Bryan Kelly in my office. Attached to this declaration are the medical records of my examination of Mr. Kelly. These records accurately reflect my examination

of Mr. Kelly. The patient told me that he had a seizure in jail and suffered a fall. He complained of pain in his right leg, foot, and knee. I never saw Mr. Kelly again after my examination on November 26, 2003.

7. I have never been employed by Coosa County or the Coosa County Commission to provide medical services for inmates at the Coosa County Jail.

8. I have never had any responsibility for conditions of confinement or medical services at the Coosa County Jail.

9. I provided medical services to Mr. Kelly on November 26, 2003, as a Health Services, Inc., patient in my clinic.

Pursuant to 28 U.S.C. § 1746 (2) I declare under penalty of perjury that the foregoing is true and correct. Executed this 29th day of June, 2006.

Randall W. Weaver, M.D.
Randall W. Weaver, M.D.
299 Jackson Street
Rockford, Alabama 35136

HSI ADULT MEDICINE PROGRESS NOTE

CONFIDENTIAL

ALLERGIES: Codeine - Rash L46/16

DATE: 11/26/03

PATIENT NAME: Kelley, Paul Blas D.O.B. 6/17/71 HSI# 01102 RACE/SEX/AGE: Cau/m/32
V/S: T. 97.6 P. 83 R. 24 B/P 143/80 WT. 185 HT.

PAIN: NRS (1/low-10/high) "7"

NURSING: O2 Sat = 98%. Gives history of having seizures for 2 1/2 yrs. states Recently had one in jail fell and hurt my leg ^{#A}
 Foot + my Knee

Nurse's Signature: DR MITCHELL

Providers use SOAP formate for documentation and note consultation, condition on discharge, patient education.

S: Person is C/O Cough, pain in foot since ^{house} for past 4 to 5 days after falling in jail. No prior problem w/ his Cough. Has H/C back pain 2^o to injuries. Has had surgery on his back.

Also has H/H mental illness; delusions & hallucinations. His key MDs are Dr. James in the City & a psychiatrist in B'ham. Has had 3 psychiatric hospitalizations. Mental health evaluating him for transfer to rehab.

No other complaints

O: general - WAD

mood - tearful at times, WNL at others
lungs - CT A

heart - RNP

extremities - fingers - WNL

knee - ROM - WNL, ligaments appear ^{intact} to palpation around patellar ligament

ankle - ROM - WNL, minimal swelling if any, strength - WNL, possible very low distal ankle (possibly old)

Education: ankle brace from - symptomatic care
elastic ankle brace for comfort per his request
Signature:

Health Services, Inc. FORM #05-002
MENTAL ILLNESS
E/T TO MH
cont mld 7/07

X-ray after ortho apppt if contr to heat
R.T.C. 7/26

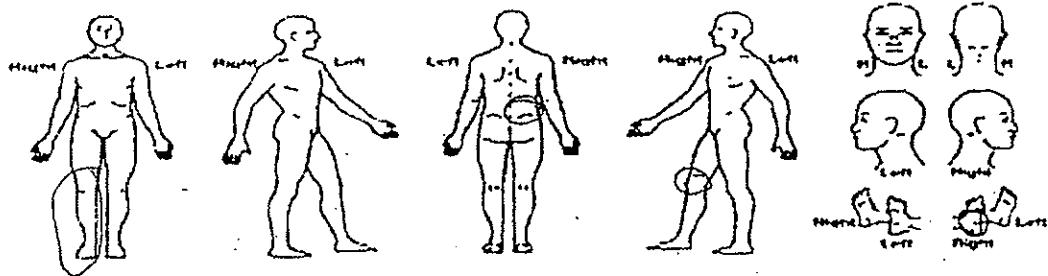
Blanchard
11/26/03

CONFIDENTIAL

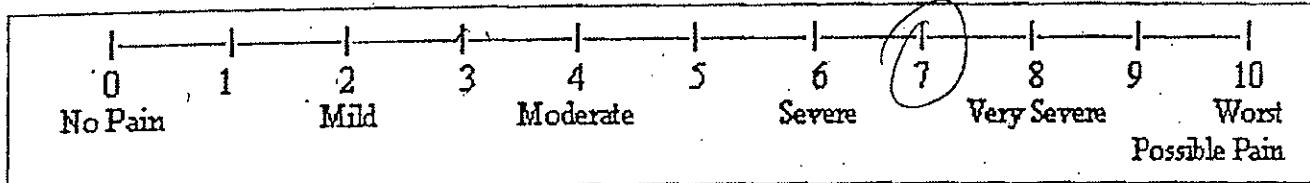
Health Services, Inc.
INITIAL PAIN ASSESSMENT TOOL (ADULT)

Patient's name: Daniel Kelley DOB: 6/17/71 HSI #: 01102 Date: 11/26/03
 Complaint: Pain: R leg + lower BACK Allergies: Codeine Nurse: DR. W. Kelley

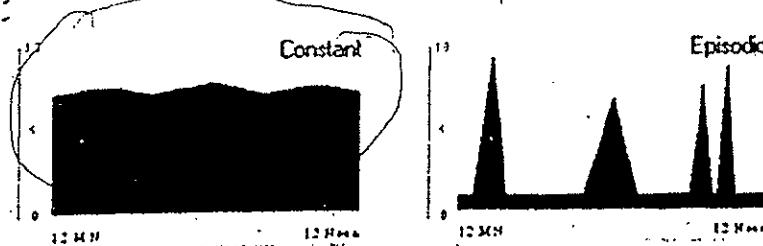
1. Location: Patient or nurse marks drawing



2. Intensity: Patient rates the pain on NRS scale.



3. Pain Patterns: Indicate which picture best describes the way your pain is throughout the day



4. Effects of pain:

Working	Not At All	A Little	A Lot
Relationships	Not At All	A Little	A Lot
Mood	Not At All	A Little	A Lot
Sleeping	Not At All	A Little	A Lot
Walking	Not At All	A Little	A Lot
Enjoying life	Not At All	A Little	A Lot
Taking care of yourself	Not At All	A Little	A Lot
Other	Not At All	A Little	A Lot